

RESIDENTIAL CERTIFICATE UNANNOUNCED INSPECTION

Date: _____

Name: _____ Phone Number: _____

Address: _____ Capacity: _____

Notes: _____

√	LEVEL	R430-50	KEY WORDS	NOTES
	1	430-15(1)(e)	allow access to facility to ascertain rule compliance	
INDOOR AREA - OBSERVATION				
	1,2,3	430-4-5(6)	maximum capacity	
	1,2,3	6(1)	ratios	
	1	6(2)	supervision	
	1	6(2)(a)	awareness of activities close enough to intervene	
	1	10(7)	dangerous items: <input type="checkbox"/> insecticides <input type="checkbox"/> pesticides <input type="checkbox"/> flammable liquids (gasoline, kerosene, paint thinner, motor oil, turpentine) <input type="checkbox"/> bleach <input type="checkbox"/> household cleaners <input type="checkbox"/> nail polish remover <input type="checkbox"/> rubbing alcohol <input type="checkbox"/> sharp objects <input type="checkbox"/> broken toys <input type="checkbox"/> empty plastic bags	
	1	10(11)	firearms or other weapons	
	2	10(6)	equipment and furniture maintain spaces, toys, equipment	
	2,3	13(13)	adequate housekeeping	
INDOOR AREA-POTENTIAL QUESTIONS THAT MAY BE ASKED				
	1	6(2)(b)	How often do you check sleeping children?	
DIAPERING AREA - OBSERVATION				
	1	10(4)	separate from food areas	
	2,3	10(4)	surface smooth and non-absorbent	

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<i>HOT WATER - OBSERVATION</i>				
	1,2	10(9)	hot water not over 120 degrees	
<i>KITCHEN - OBSERVATION</i>				
	1	10(1)(b)	operating telephone	
	1,2,3	12(2)	food prep area clean and sanitary	
<i>MEDICATIONS - OBSERVATION</i>				
	1,2	9(2)(c)	inaccessible to children	
	1,2	9(2)(c)	refrigerated medications in spill-proof packaging	
	1	9(2)	original or pharmacy container	
	1	9(2)	original label with child's name	
	1	9(2)	written instructions for administration	
<i>ANIMALS - OBSERVATION</i>				
	1	10(12)(c)	not dangerous or aggressive	
	1,3	10(12)(a)	clean and in good health	
<i>VEHICLE - OBSERVATION</i>				
	1	11(4)	individual, size appropriate safety restraints	
<i>OUTSIDE AREA - OBSERVATION</i>				
	1	10(3)	gaps no more than 3 ½ in.	
	1,2	10(3)	fences four feet high	

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	1	10(3)	safety hazards: <input type="checkbox"/> raised decks or balconies without railings <input type="checkbox"/> open basement stairwells with no railing <input type="checkbox"/> insecticides <input type="checkbox"/> pesticides <input type="checkbox"/> lawn products <input type="checkbox"/> flammable liquids (gasoline, kerosene, paint thinner, motor oil, turpentine) <input type="checkbox"/> bleach <input type="checkbox"/> household cleaners <input type="checkbox"/> nail polish remover <input type="checkbox"/> rubbing alcohol <input type="checkbox"/> sharp objects - sharp tools, machine or farm equipment with exposed sharp edge or blade or point that could puncture skin, boards with exposed nail ends, broken glass, barbed wire, broken toys with sharp or pointed edges <input type="checkbox"/> window wells, fire pits or other holes more than 24" deep without a cover <input type="checkbox"/> refrigerators or freezers that children can get inside of <input type="checkbox"/> welding torches <input type="checkbox"/> empty plastic bags large enough for a child's head to fit inside <input type="checkbox"/> motor vehicles up on blocks <input type="checkbox"/> wood with splinters <input type="checkbox"/> animal waste - not isolated bird droppings <input type="checkbox"/> exposed live electrical wire <input type="checkbox"/> indoor (thin) electrical extension cords not in use <input type="checkbox"/> rope, wire, or other strangulation hazards long enough to encircle a child's neck <input type="checkbox"/> hanging ropes or cords not attached to a swing <input type="checkbox"/> unstably stacked wood piles <input type="checkbox"/> unstable unanchored heavy equipment <input type="checkbox"/> rotting garbage not in a container with a lid <input type="checkbox"/> poison ivy or oak, stinging nettle, oleander, mushrooms, toadstools <input type="checkbox"/> beehives, yellow jacket or hornet nests, red ant hills <input type="checkbox"/> dead animals <input type="checkbox"/> filled milk or slop buckets <input type="checkbox"/> unattended running vehicles or from equipment <input type="checkbox"/> standing ladders <input type="checkbox"/> playground equipment that is broken or has loose or missing parts <input type="checkbox"/> unstably stacked bales of hay or straw	
RECORDS				
	1	430-6-5(3)	Has anyone moved into your home or turned 12 since your last inspection. If so, have you submitted a BCI? Do you have any new caregivers? If so, have you submitted a BCI?	
	1	10(12)(b)	rabies vaccination for new animals	